

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

OKEECHOBEE CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted November 5 - 6, 2014

CMA STAFF

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CAP Assessment Distributed on April 30, 2015

CAP Assessment of Okeechobee Correctional Institution

I. Overview

On November 5 - 6, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Okeechobee Correctional Institution (OKECI). The survey report was distributed on November 25, 2014. In December 2014, OKECI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the November 2014 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. On March 23, 2015, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an off-site CAP assessment on April 29, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 8 of the 10 physical health findings were corrected. Two physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>PH-1: In 5 of 16 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>PH-2: In 3 of 14 applicable records (16 reviewed), there was no evidence that hepatitis A & B vaccine were given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-2 OPEN</p> <p>Adequate evidence of in-service training was provided; however after review of the documentation provided from the medical record, it was determined that an acceptable level of compliance had not been reached. PH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC</u></p> <p>PH-3: In 2 of 10 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-4: In 9 of 12 records reviewed, seizures were not classified.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>PH-5: In 3 of 6 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-6: In 4 of 12 records, there was no evidence that all orders were implemented.</p>	<p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p>PH-7: In 6 of 9 records, the discharge note did not contain all the necessary components.</p>	<p>PH-7 OPEN</p> <p>Adequate evidence of in-service training was provided; however after review of the documentation provided from the medical record, it was determined that an acceptable level of compliance had not been reached. PH-7 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>PH-8: In 6 of 12 applicable records, the diagnosis was not recorded on the problem list.</p> <p>PH-9: In 2 of 10 applicable records, follow-up appointments and/or diagnostic testing was not completed as per the consultant's recommendations.</p>	<p>PH-8 & PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8 & PH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS</u></p> <p>PH-10: A tour of the dental clinic revealed that necessary equipment was not in proper working order.</p>	<p>PH-10 CLOSED</p> <p>Adequate evidence of correction was provided to close PH-10.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 3 of 3 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<u>SELF-HARM OBSERVATION STATUS (SHOS)</u> MH-1: In 2 of 7 records reviewed, the inmate was not seen by mental health staff within 7 days for post-discharge follow-up.	MH-1 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close MH-1.

Finding	CAP Evaluation Outcome
<u>PSYCHOLOGICAL EMERGENCIES</u> MH-2: In 1 of 3 records reviewed, there was no response to the psychological emergency.	MH-2 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close MH-2.

Finding	CAP Evaluation Outcome
<u>OUTPATIENT MENTAL HEALTH SERVICES</u> MH-3: In 2 of 2 applicable records (14 reviewed), the sex offender screening was not completed.	MH-3 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close MH-3.

IV. Conclusion

PH-2 & PH-7 remain open and all other physical health portions will close. All mental health findings are closed. Until such time as appropriate corrective actions are undertaken by OKECI staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an off-site visit, but the option remains open to conduct an on-site evaluation.